

CLAIMS ONLY

Application Number

10/505350

" Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend.	0					
Total Claims	1					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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